



# Developing our People: The experience of North Yorkshire Dual Diagnosis Strategic Network

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# The North Yorkshire Dual Diagnosis Strategic Network



- Who we are
- Our mission
  - collaboration/sharing best practice
  - influencing and implementing dual diagnosis policy and practice across the region
  - developing leadership capabilities
  - data insights



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# Designing a 'whole system' workforce competent and confident to support complex care

## 1. Supporting and Looking after Our People:

Championing and investing in developing a workforce competent in managing complexity

## 2. Seizing Opportunities for Strategic Alignment

Links to NHS People Plan; new Quality Commissioning Standards for Substance Misuse; ICS role to reduce health inequalities

## 3. Enabling our Leaders

Realising our ambition to influence and inform E.g., SMS workforce standards; investment in system leadership capabilities and the competencies needed from care navigation right through to complex interventions  
trauma informed principles, new ways of working, new presentations and treatments

## 4. Evaluating and Measuring Impact

Opportunities to influence local/system outcome dashboards, social impact monitoring, NDTMS



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# Opportunities to develop the workforce through collaboration

*How North Yorkshire is promoting people development in this area including leadership, cross agency training and education, clinical supervision and professional networking – dual diagnosis network and practitioner forums*

- *Clinical network- moving from strength to strength under joint stewardship*
- *Established and multi-disciplinary and multi-agency*
- *Focus is on peer support, case discussion, shared learning and sharing of best practice*
- *A very successful inaugural symposium held in 2021*



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# Training opportunities

- Discussions for some time regarding joint training opportunities
- Some progress made with regards to GP/ITP training
- PA bidirectional placements are also of interest
- Aim to consider Foundation/Core trainee roles as bespoke DD post
- Post expansion opportunities are being tailed down very quickly
- HEE much more positive about all blended placements in independent and non stat sector than previously
- Recent Spectrum CPD session delivered to Trust wide senior medical staff
- Possible opportunities for sessional/didactic teaching moving forwards



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# Dual Diagnosis Pledge:

“Better Together”: Our approach to Dual Diagnosis  
in North Yorkshire and York

# 3

- The person comes first
- Let's talk
- Commitment to learning, sharing expertise and good practice



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# The Pledge: What's next?

- Sign up target
- Steering group
- Action Plan
- Annual Event
- Training Calendar

Sign up and using it to foster positive change at place NHSE:

[https://docs.google.com/forms/d/e/1FAIpQLSdZpnhvxzYh2gLo6t8pVrjynaQnesfTHFcWVHABiQQxSzOrrQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSdZpnhvxzYh2gLo6t8pVrjynaQnesfTHFcWVHABiQQxSzOrrQ/viewform?usp=sf_link)

## COLLABORATION



A systems-wide pledge is transforming working practices in North Yorkshire, York and Selby, say Dr Stephen Donaldson and Dolly Cook

## BRIDGING THE GAP

For service users with complex substance misuse and mental health needs, it's common to use terms such as dual diagnosis and co-existing conditions. While language is important, the reality for people who need help is that this debate can lead to a 'chicken or egg' scenario where they, their needs, and their hopes for recovery become lost in the cracks of who offers what within the limits of commissioned services.

Within North Yorkshire, York and Selby, as an attempt to come together across services, we've had in place for many years the Dual Diagnosis Network – with partner agencies from health, substance misuse, social care, police and wider services all collaborating to share learning, training and a hoped-for vision for a better way of joined-up working. However, we've also worked to build connections, offer system-wide supervision, and hear the valued work each other is doing to support a person-first approach. The hope is that by connecting the gaps between us and our services are reduced.

While each service has operational policies to support joined-up working we've

acknowledged as a group that there remain times when the care for service users who experience complex dual diagnosis needs is not always as we would like it to be. As a result we decided to build a clear pledge to be better together, as individuals and services, so as to work in a way that truly and collaboratively joins up around the needs of service users.

While this is currently a work in progress, we've been spending time looking at building awareness of the challenges to system-linking, building a network of supportive 'phone-a-friends' and identifying how to share and spread our vision and enthusiasm to make every person's experience of services truly joined up and connected. Many involved in this process highlighted that, while the infrastructure was important, it was the connections with people that made the difference in terms of managing barriers to care across services. For many of us, examples of high-quality patient care were those where clinicians were connected across the system, open to new possible approaches, leaning in at times of challenge, linking in with each other, having a face to a name, feeling safe to challenge the prevailing viewpoint, and asking for help.

By holding our three principles (see box) in all conversations and interactions, we all felt that the quality of care we provide can continue to be improved, and allowed for challenging yet healthy conversations to support the needs of those in our services – so they remain at the centre of what we do.

Working towards system togetherness is not without its challenges – funding, commissioning boundaries and attitudes can impact on what togetherness and system linking

can realistically achieve. However, the common goal of supporting those with complex co-existing conditions should always be at our heart. So far, the pledge has been developed and is being signed up to by many of the key partners in our area. Watch this space to find out what we can achieve.

Dr Stephen Donaldson is a highly specialist applied clinical psychologist at Tees, Esk and Wear Valleys NHS Foundation Trust  
Dolly Cook is locality manager at Changing Lives

### OUR THREE PRINCIPLES

The work we have done to understand and change our practices as system leaders resulted in several key principles to hold in mind when working together. These were:

- 1) **The person comes first** – Where multiple teams are involved, we will strive to communicate effectively and have an approach where the needs of the people we support are held in mind by all services at all points of access
- 2) **Let's talk** – The vision is that each agency will be open to offering connection on a 'phone-a-friend' basis, offering to help within their limits to ensure the person comes first.
- 3) **Commitment to sharing training, learning, expertise and emerging practice** – The vision is that each partner agency will share training, learning and practices with each other to build a wider skill set to support the needs of service users across the system.



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Thank you for listening.  
Any Questions?

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